

DEPARTMENT OF NATURAL RESOURCES  
AIR QUALITY DIVISION  
P.O. BOX 30028  
LANSING, MICHIGAN 48909

STATE OF MICHIGAN

AIR USE PERMIT

APPLICATION


OCT 14 1987

APPLICATION NO  
677-86P

PERMIT SECTION

FOR AUTHORITY TO INSTALL, CONSTRUCT, RECONSTRUCT, RELOCATE, OR ALTER,  
AND OPERATE PROCESS, FUEL-BURNING, OR REFUSE-BURNING EQUIPMENT AND/  
OR CONTROL EQUIPMENT (PERMITS TO INSTALL AND OPERATE ARE REQUIRED  
BY ADMINISTRATIVE RULES PURSUANT TO ACT 348, P.A. 1965, AS AMENDED)

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1 APPLICANT Business License Name of Corporation, Partnership, Individual Owner, Government Agency CIBA-GEIGY Corporation																	
2 MAILING ADDRESS Number and Street City or Village, State, Zip Code 4917 Dawn Avenue, East Lansing, MI 48823																	
3 EQUIPMENT OR PROCESS LOCATION Number and Street, City, Village or Township 4917 Dawn Avenue, East Lansing	COUNTY Ingham	ZIP CODE 48823															
4 GENERAL NATURE OF BUSINESS Manufacture of Epoxy and Urethane Industrial Products																	
5 EQUIPMENT OR PROCESS DESCRIPTION  Double Planetary - Permit Number 677-86  Blend of Bisphenol A, Resorcinol, Trimethyl Hexamethylene Diamine, Polyamide, Amine Terminated Polymer, Tri(Dimethylaminomethyl)Phenol, Triethylene Diamine, Mercaptan Terminated Polymer, Piperazine, Barium Sulfate, Silane A1102, Dinonyl Phenol, Fumed Silica, Dipropylene Triamine, Diethylene Triamine, Triethanolamine, Dipropylene Glycol.																	
6 ESTIMATED COST Air Pollution Control Equipment \$ Total Project \$																	
7 ACTION AND TIMING <table border="1"><thead><tr><th></th><th>ESTIMATED STARTING DATE</th><th>ESTIMATED COMPLETION DATE</th></tr></thead><tbody><tr><td><input type="checkbox"/> Installation construction, reconstruction, or alteration</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Relocation</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Change of Ownership</td><td></td><td></td></tr></tbody></table>				ESTIMATED STARTING DATE	ESTIMATED COMPLETION DATE	<input type="checkbox"/> Installation construction, reconstruction, or alteration			<input type="checkbox"/> Relocation			<input type="checkbox"/> Change of Ownership					
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<input type="checkbox"/> Change of Ownership																	
8 NAME OF PRIOR OWNER AS IN ITEM 1 ABOVE, AND PRIOR AIR USE PERMIT NUMBER, IF ANY NAME PERMIT NO																	
9 NAME AND TITLE OF OWNER OR AUTHORIZED MEMBER OF FIRM Name Michael L. Munsell Signature <i>Michael L. Munsell</i> Title SH&E Specialist Date October 9, 1987 Phone No ( 517 ) 351-5900																	
10 CONTACT PERSON IF DIFFERENT THAN ITEM 9 Name Phone No ( )																	
11 DISPOSITION OF APPLICATION FOR DNR USE ONLY <table border="1"><tbody><tr><td>Receipt of all information required by Rule 203</td><td>10-14-87</td><td></td></tr><tr><td>Permit to install approved * on</td><td>DEC 28 1987</td><td>Signature <i>Robert Miller</i></td></tr><tr><td>Permit to operate approved * on</td><td></td><td>Signature</td></tr><tr><td>Application/permit voided on</td><td></td><td>Signature</td></tr><tr><td>Application/permit denied on</td><td></td><td>Signature</td></tr></tbody></table> <div>US EPA RECORDS CENTER REGION 5  413087</div>			Receipt of all information required by Rule 203	10-14-87		Permit to install approved * on	DEC 28 1987	Signature <i>Robert Miller</i>	Permit to operate approved * on		Signature	Application/permit voided on		Signature	Application/permit denied on		Signature
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Application/permit denied on		Signature															

\* Subject to compliance with all Commission Rules and Conditions stipulated in the attached supplement

AQ-1 INSTRUCTIONS FOR COMPLETING AND FILING ARE ON REVERSE SIDE

PR 5615  
5/84